

**APPLICATION DATA SHEET****APPLICATION INFORMATION**

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	Use of dipyridamole in combination with acetylsalicylic acid and an angiotensin II antagonist for stroke prevention
Attorney Docket Number::	1/1461 PCT
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**APPLICANT INFORMATION**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	GERMANY
Status::	Full Capacity
Given Name::	Lutz
Family Name::	HILBRICH
City of Residence::	Mainz-Kastel
Country of Residence::	GERMANY
Street of mailing address::	An der Helling 24a
City of mailing address::	Mainz-Kastel
Country of mailing address::	GERMANY

**Postal or Zip Code of mailing address::** 55252

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** GERMANY  
**Status::** Full Capacity  
**Given Name::** Axel  
**Family Name::** RIEDEL  
**City of Residence::** Maselheim  
**Country of Residence::** GERMANY  
**Street of mailing address::** Auhaldenstrasse 8  
**City of mailing address::** Maselheim  
**Country of mailing address::** GERMANY  
**Postal or Zip Code of mailing address::** 88437

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** GREAT BRITAIN  
**Status::** Full Capacity  
**Given Name::** David  
**Middle Name::** Michael  
**Family Name::** HUMPHREYS  
**City of Residence::** Anghiari (AR)  
**Country of Residence::** ITALY  
**Street of mailing address::** Felcino Bianco, Le Ville 79  
**City of mailing address::** Anghiari (AR)  
**Country of mailing address::** ITALY  
**Postal or Zip Code of mailing address::** 52031

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** James  
**Middle Name::** C.  
**Family Name::** GILBERT

**City of Residence::** Bethlehem  
**State or Province of Residence::** CT  
**Country of Residence::** US  
**Street of mailing address::** 110 Paddy Hollow Road  
**City of mailing address::** Bethlehem  
**State or Province of mailing address::** CT  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 06751

**CORRESPONDENCE INFORMATION**

**Correspondence Customer Number::** 28501

**REPRESENTATIVE INFORMATION**

**Representative Customer Number::** 28501

**FOREIGN PRIORITY INFORMATION**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
EP	PCT/EP2004/001208	02/10/2004	Yes
EP	03018212	08/08/2003	Yes
DE	103 06 179	02/13/2003	Yes

**ASSIGNEE INFORMATION**

**Assignee name::**

**Street of mailing address::** Boehringer Ingelheim International GmbH  
**City of mailing address::** Binger Strasse 173  
**State or Province of mailing address::** Ingelheim  
**Country of mailing address::** Germany  
**Postal or Zip Code of mailing address::** 55216